

## **CM/ECF User Information Form**

(Please complete name fields and any updates to user account)

**Last Name**

**First Name**

**Middle Initial**

**Office**

**Address 1**

**Address 2**

**Address 3**

**City**

**State**

**Zip**

**County**

**Phone**

**Fax**

**New Primary email address for noticing**

**Additional email address(s) for noticing**

**Notice will be sent in all case in which you are involved.**

**Please select one**

Send a notice for each filing

Send a Daily Summary Report

**Please select one format for notices**

Html format for Netscape or ISP email service

Text format for cc:Mail, GroupWise, other email service

**New CM/ECF password**

**Repeat new CM/ECF password**

**Date Submitted**

**Date Entered**

**Print and Fax to Debby Lamb at (612) 664-5303**